



ANNUAL STATEMENT
For the Year Ending December 31, 2006
OF THE CONDITION AND AFFAIRS OF THE
CARE CHOICES HMO

NAIC Group Code	0000	0000	NAIC Company Code	95452	Employer's ID Number	38-2694901
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	07/08/1986		Commenced Business	01/01/1987		
Statutory Home Office	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number)		(City, or Town, State and Zip Code)			
Main Administrative Office	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number)		(Area Code) (Telephone Number)			
Mail Address	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number or P.O. Box)		(City, or Town, State and Zip Code)			
Primary Location of Books and Records	34605 Twelve Mile Road		Farmington Hills, MI 48331			
	(Street and Number)		(Area Code) (Telephone Number)			
Internet Website Address	www.carechoices.com		(248)489-6292			
	(City, or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Statutory Statement Contact	Donna J. West		(248)489-6292			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	WESTD@trinity-health.org		(248)489-6191			
	(E-Mail Address)		(Fax Number)			
Policyowner Relations Contact						
			(Street and Number)			
			(City, or Town, State and Zip Code)			
			(Area Code) (Telephone Number)(Extension)			

OFFICERS

Name	Title
William R. Alvin	President (and CEO)
Jeanne M. Dunk	Secretary
Michael R. Koziara	Treasurer (CFO)
Gilbert Burgos MD	Chief Medical Officer

OTHERS

DIRECTORS OR TRUSTEES

William R. Alvin
Ronald Collins
Paul Hughes-Cromwick
Diane Down
Catherine Declercq OP

Jay Herron
Michael Slubowski
AkkeNeel Talsma
Kalyan Dutta

Paul Harkaway MD
Kevin McDonald
Garry Faja
M. Narendra Kini MD

State of Michigan
County of Oakland ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
William R. Alvin	Jeanne M. Dunk	Michael R. Koziara
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President (and Chief Executive Officer)	Secretary	Treasurer (Chief Financial Officer)
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2007	b. If no, 1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
Group Subscribers:						
VISTEON	195,067	.....	.....	.....	.....	195,067
0299997 Subtotal - Group Subscribers:	195,067	.....	.....	.....	.....	195,067
0299998 Premium due and unpaid not individually listed	517,614	.....	.....	.....	.....	517,614
0299999 Total group	712,681	.....	.....	.....	.....	712,681
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) ...	712,681	.....	.....	.....	.....	712,681

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Express Scripts	649,700	653,000				1,302,700
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	649,700	653,000				1,302,700
0299998 Claim Overpayment Receivables - Not Individually Listed	190,570					190,570
0299999 Subtotal - Claim Overpayment Receivables	190,570					190,570
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed	213,670					213,670
0599999 Subtotal - Risk Sharing Receivables	213,670					213,670
0699998 Other Receivables - Not Individually Listed	7,130					7,130
0699999 Subtotal - Other Receivables	7,130					7,130
0799999 Gross health care receivables	1,061,070	653,000				1,714,070

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Individually Listed Claims Unpaid						
ST JOSEPH MERCY HOSPITAL	894,005					894,005
REGENTS OF THE UNIV OF MICH	150,465					150,465
SAINT JOSEPH MERCY SALINE HOSP	149,887					149,887
HARPER-HUTZEL HOSPITAL	119,650					119,650
PROVIDENCE HOSPITAL	93,964					93,964
CHELSEA COMMUNITY HOSPITAL	85,711					85,711
SAINT JOSEPH MERCY LIVINGSTON	69,260					69,260
ANN ARBOR HEMATOLOGY ONC	63,969					63,969
OAKWOOD HOSPITAL & MEDICAL	59,314					59,314
MERCY MOUNT CLEMENS CORP	47,085					47,085
IHA OF ANN ARBOR	43,240					43,240
HURON VALLEY RAD ASSOC	40,590					40,590
ST MARY MERCY HOSPITAL	35,674					35,674
FMC DIALYSIS SERVICES WEST	30,637					30,637
ANES ASSOC OF ANN ARBOR	29,870					29,870
ST JOSEPH MERCY OAKLAND	29,426					29,426
CHILDRENS HOSPITAL OF MICHIGAN	29,057					29,057
BOTSFORD HOSPITAL	28,892					28,892
OAKWOOD SOUTHSORE MEDICAL	27,632					27,632
GARDEN CITY HOSPITAL	26,854					26,854
AVANT IMAGING	25,787					25,787
BON SECOURS COTTAGE HLTH	24,975					24,975
HERRICK MEMORIAL HOSPITAL	24,699					24,699
HHCC ANN ARBOR	21,300					21,300
MERCY HOSPITAL PORT HURON	21,037					21,037
BMA ANN ARBOR	21,026					21,026
REG OF UM HEALTH SYSTEM	20,467					20,467
EPMG OF MICHIGAN	19,652					19,652
DEARBORN SURGERY CENTER LLC	19,432					19,432
CRAIG CATTELL	16,888					16,888
ST JOSEPH MERCY HOSPITAL	16,383					16,383
MEDICAL COLLEGE OF OHIO PHY	16,022					16,022
JEROME D WINEGARDEN	15,907					15,907
MITCHELL HOME MEDICAL	15,199					15,199
ALFRED DODDS	15,131					15,131
IHA OF ANN ARBOR PC	14,938					14,938
ST JOHN HOSPITAL & MEDICAL	14,257					14,257
KARMANOS CANCER CENTER	13,927					13,927
JOINT VENTURE HOSPITAL LABOR	12,962					12,962
MICH MULTISPECIALTY PHYS	12,374					12,374
BIXBY MEDICAL CENTER	12,312					12,312
HENRY FORD WYANDOTTE HOSPITAL	12,000					12,000
PORT HURON HOSPITAL	11,540					11,540
CENTER FOR DIGESTIVE CARE LLC	11,176					11,176
ST JOHN MACOMB HOSPITAL	10,576					10,576
ST JOSEPH MERCY HOSPITAL	10,416					10,416
SUPERIOR WOODS HEALTH CARE	10,150					10,150

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
ROMULUS BMA	10,090	.....	.....	.....	.....	10,090
HURON VALLEY SINAI HOSPITAL	10,088	.....	.....	.....	.....	10,088
0199999 Total - Individually Listed Claims Unpaid	2,515,893	.....	.....	.....	.....	2,515,893
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	1,426,768	688,375	384,155	378,393	503,165	3,380,856
0499999 Subtotals	3,942,661	688,375	384,155	378,393	503,165	5,896,749
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	23,647,101
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	940,562
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	30,484,412
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	619,913

21 Exhibit 5 - Amounts Due From Parent NONE

22 Exhibit 6 - Amounts Due to Parent NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	44,545,395	16.265			34,167,574	10,377,821
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	44,545,395	16.265			34,167,574	10,377,821
Other Payments:							
5.	Fee-for-service	14,215,915	5.191	X X X	X X X	253,121	13,962,794
6.	Contractual fee payments	132,359,147	48.330	X X X	X X X	39,621,253	92,737,894
7.	Bonus/withhold arrangements - fee-for-service	151	0.000	X X X	X X X		151
8.	Bonus/withhold arrangements - contractual fee payments	28,972,196	10.579	X X X	X X X	5,589,561	23,382,635
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments	53,773,278	19.635	X X X	X X X		53,773,278
12.	Total other payments	229,320,687	83.735	X X X	X X X	45,463,935	183,856,752
13.	Total (Line 4 plus Line 12)	273,866,082	100.000	X X X	X X X	79,631,509	194,234,573

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
N O N E					
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	Total .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code 0000

NAIC Company Code 95452

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	100,504		100,504										
2. First Quarter	96,130		96,130										
3. Second Quarter	94,678		94,678										
4. Third Quarter	93,190		93,190										
5. Current Year	91,888		91,888										
6. Current Year Member Months	1,130,966		1,130,966										
Total Member Ambulatory Encounters for Year:													
7. Physician	390,257		390,257										
8. Non-Physician	690,168		690,168										
9. Total	1,080,425		1,080,425										
10. Hospital Patient Days Incurred	33,199		33,199										
11. Number of Inpatient Admissions	7,287		7,287										
12. Health Premiums Written	306,443,812		306,443,812										
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	300,891,558		300,891,558										
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	273,518,437		273,518,437										
18. Amount Incurred for Provision of Health Care Services	278,961,624		278,961,624										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 0000

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 95452

30 Grand Total

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	100,504		100,504										
2. First Quarter	96,130		96,130										
3. Second Quarter	94,678		94,678										
4. Third Quarter	93,190		93,190										
5. Current Year	91,888		91,888										
6. Current Year Member Months	1,130,966		1,130,966										
Total Member Ambulatory Encounters for Year:													
7. Physician	390,257		390,257										
8. Non-Physician	690,168		690,168										
9. Total	1,080,425		1,080,425										
10. Hospital Patient Days Incurred	33,199		33,199										
11. Number of Inpatient Admissions	7,287		7,287										
12. Health Premiums Written	306,443,812		306,443,812										
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	300,891,558		300,891,558										
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	273,518,437		273,518,437										
18. Amount Incurred for Provision of Health Care Services	278,961,624		278,961,624										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

31 **Schedule A - Verification NONE**

31 **Schedule B - Verification NONE**

31 **Schedule BA - Verification NONE**

32 **Schedule D - Summary by Country NONE**

32 **Schedule D - Verification NONE**

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Class 1	1,034,559					1,034,559	7.14	1,036,509	11.83	1,034,559	
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	1,034,559					1,034,559	7.14	1,036,509	11.83	1,034,559	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Class 1											
6.2	Class 2											
6.3	Class 3											
6.4	Class 4											
6.5	Class 5											
6.6	Class 6											
6.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1	13,462,091					13,462,091	92.86	7,726,914	88.17	13,462,091	
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS	13,462,091					13,462,091	92.86	7,726,914	88.17	13,462,091	
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	14,496,650					14,496,650	100.00	X X X	X X X	14,496,650	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	14,496,650					(b) 14,496,650	100.00	X X X	X X X	14,496,650	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Class 1	8,763,423					X X X	X X X	8,763,423	100.00	8,763,423	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	8,763,423					X X X	X X X	(b) 8,763,423	100.00	8,763,423	
11.8 Line 11.7 as a % of Col. 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Class 1	14,496,650					14,496,650	100.00	8,763,423	100.00	14,496,650	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	14,496,650					14,496,650	100.00	8,763,423	100.00	14,496,650	X X X
12.8 Line 12.7 as a % of Col. 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$.....0 current year, \$.....0 prior year of bonds with Z designations and \$.....0 current year, \$.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$.....0 current year, \$.....0 prior year of bonds with 5* designations and \$.....0 current year, \$.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations	1,034,559					1,034,559	7.14	1,036,508	11.83	1,034,559	
1.2	Single Class Mortgage-Backed/Asset-Backed Securities											
1.7	TOTALS	1,034,559					1,034,559	7.14	1,036,508	11.83	1,034,559	
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations											
2.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS											
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Securities											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	13,462,091					13,462,091	92.86	7,726,914	88.17	13,462,091	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS	13,462,091					13,462,091	92.86	7,726,914	88.17	13,462,091	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations	14,496,650					14,496,650	100.00	X X X	X X X	14,496,650	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS	14,496,650					14,496,650	100.00	X X X	X X X	14,496,650	
10.8 Line 10.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	8,763,422					X X X	X X X	8,763,422	100.00	8,763,423	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS	8,763,422					X X X	X X X	8,763,422	100.00	8,763,423	
11.8 Line 11.7 as a % of Column 8	100.00					X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	14,496,650					14,496,650	100.00	8,763,423	100.00	14,496,650	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS	14,496,650					14,496,650	100.00	8,763,423	100.00	14,496,650	X X X
12.8 Line 12.7 as a % of Column 6	100.00					100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	100.00					100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	8,763,423	8,763,423			
2.	Cost of short-term investments acquired	5,733,227	5,733,227			
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments					
7.	Book/adjusted carrying value, current year	14,496,650	14,496,650			
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	14,496,650	14,496,650			
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	14,496,650	14,496,650			
12.	Income collected during year	483,200	483,200			
13.	Income earned during year	527,150	527,150			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

40	Schedule DB Part A Verification	NONE
40	Schedule DB Part B Verification	NONE
41	Schedule DB Part C Verification	NONE
41	Schedule DB Part D Verification	NONE
41	Schedule DB Part E Verification	NONE
42	Schedule DB Part F Sn 1 - Sum Replicated Assets	NONE
43	Schedule DB Part F Sn 2 - Recon Replicated Assets	NONE
44	Schedule S - Part 1 - Section 2	NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
90611 ...	41-1366075 ...	01/01/2005	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	357,495 .....	.....
0599999 Total - Accident and Health, Non-Affiliates					357,495 .....	.....
0699999 Totals - Accident and Health					357,495 .....	.....
0799999 Totals - Life, Annuity and Accident and Health					357,495 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
90611 ...	41-1366075 ...	01/01/2006	ALLIANZ LIFE INS CO OF NORTH AMER	Minneapolis, Minnesota	SSL/L/G	1,130,966						
0299999 Subtotal - Authorized General Account - Non-Affiliates						1,130,966						
0399999 Total - Authorized General Account						1,130,966						
0799999 Total - Authorized and Unauthorized General Account						1,130,966						
1599999 Totals						1,130,966						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2006	2 2005	3 2004	4 2003	5 2002
A. OPERATIONS ITEMS					
1. Premiums	1,131	1,120	938	841	889
2. Title XVIII-Medicare					
3. Title XIX - Medicaid					194
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	1,131	1,120	938	841	1,083
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	357	396	133	22	247
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	73,406,984		73,406,984
2. Accident and health premiums due and unpaid (Line 13)	712,681		712,681
3. Amounts recoverable from reinsurers (Line 14.1)	357,495	(357,495)	
4. Net credit for ceded reinsurance	X X X	357,495	357,495
5. All other admitted assets (Balance)	2,293,883		2,293,883
6. Total assets (Line 26)	76,771,043		76,771,043
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	30,484,413		30,484,413
8. Accrued medical incentive pool and bonus payments (Line 2)	619,913		619,913
9. Premiums received in advance (Line 8)	2,466,476		2,466,476
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	1,138,312		1,138,312
12. Total liabilities (Line 22)	34,709,113		34,709,113
13. Total capital and surplus (Line 31)	42,061,929	X X X	42,061,929
14. Total liabilities, capital and surplus (Line 32)	76,771,042		76,771,042
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses	357,495		
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables	357,495		
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance	357,495		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-3175878	ST. JOSEPH ANN ARBOR					56,670,365				56,670,365	
	38-2663747	TRINITY HEALTH PLANS					28,573,182				28,573,182	
	38-3176540	SALINE COMMUNITY HOSPITAL					2,526,852				2,526,852	
	38-3176225	MCPHERSON HOSPITAL					2,474,463				2,474,463	
	38-3176536	ST JOSEPH HOSPITAL (PONTIAC)					2,156,040				2,156,040	
	38-2507173	CATHERINE MCAULEY HEALTH SERV					2,144,087				2,144,087	
	38-2947657	MERCY MOUNT CLEMENS					1,793,641				1,793,641	
	38-3521763	ST MARY'S MERCY HOSPITAL					1,458,512				1,458,512	
	38-3274342	MERCY HOSPITAL (PORT HURON)					1,270,556				1,270,556	
	38-2884297	TRI HOSPITAL MRI CENTERS					208,155				208,155	
	38-3176457	ST. JOSEPH MERCY OAKLAND					118,321				118,321	
	38-2684671	MIDWEST MEDFLIGHT					112,748				112,748	
	38-3175868	MCPHERSON HOME CARE					59,610				59,610	
	38-3229573	MERCY HOSPITAL GRAYLING					51,803				51,803	
	38-3320707	HOSPICE OF WASHTENAW					32,877				32,877	
	38-3082434	MACOMB MRI CENTERS, INC					21,255				21,255	
	38-3320701	MERCY AMICARE HOME HEALTH CARE					16,039				16,039	
	38-3229575	MERCY HOSPITAL CADILLAC					6,826				6,826	
	38-3320698	MERCY AMICARE					5,237				5,237	
	38-3176445	ST MARY'S HEALTH					1,709				1,709	
	38-3175874	MERCY HOSPITAL MUSKEGON					577				577	
	38-2776791	MERCY HOSP BATTLE CREEK					461				461	
	38-3313897	MERCY NORTH HOME CARE HOSPICE					253				253	
95452	38-2694901	CARE CHOICES HMO					(99,703,569)				(99,703,569)	
9999999 Totals									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes
- APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Waived
- JUNE FILING
8. Will an audited financial report be filed by June 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
- APRIL FILING
14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?

No
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No

Explanations:

Bar Codes:

Accident and Health Policy Experience Exhibit



95452200621000002006Document Code: 210

Medicare Supplement Insurance Experience Exhibit



95452200636000002006Document Code: 360

Health Life Supplement



95452200620500002006Document Code: 205

Health Property / Casualty Supplement



95452200620700002006Document Code: 207

Medicare Part D Coverage Supplement



95452200636500002006Document Code: 365

Schedule SIS



95452200642000002006Document Code: 420

LTC Experience Reporting Form C



95452200633000002006Document Code: 330

Health Life Supplement - LHA Guaranty Association Reconciliation



95452200621100002006Document Code: 211

Health Property / Casualty Supplement



95452200620700002006Document Code: 207

OVERFLOW PAGE FOR WRITE-INS

Supp13 SIS Title NONE

Supp14 SIS Financial Reporting NONE

Supp15 SIS Inform. - Management and Directors NONE

Supp16 Statement Beneficial Ownership NONE



Medicare Part D Coverage Supplement
For the Year Ended December 31, 2006
(To be Filed By March 1)

		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		XXX		XXX	
1.12	Without Reinsurance Coverage		XXX		XXX	
1.13	Risk-Corridor Payment Adjustments		XXX		XXX	
1.2	Supplemental Benefits		XXX		XXX	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		XXX		XXX	XXX
2.12	Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits		XXX		XXX	XXX
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		XXX		XXX	XXX
3.12	Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		XXX		XXX	XXX
4.2	Payable		XXX		XXX	XXX
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		XXX		XXX	XXX
5.12	Without Reinsurance Coverage		XXX		XXX	XXX
5.13	Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2	Supplemental Benefits		XXX		XXX	XXX
6.	Total Premiums		XXX		XXX	
7.	Claims Paid					
7.1	Standard Coverage	NONE				
7.11	With Reinsurance Coverage				XXX	
7.12	Without Reinsurance Coverage				XXX	
7.2	Supplemental Benefits		XXX		XXX	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		XXX		XXX	XXX
8.12	Without Reinsurance Coverage		XXX		XXX	XXX
8.2	Supplemental Benefits		XXX		XXX	XXX
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		XXX		XXX	XXX
9.12	Without Reinsurance Coverage		XXX		XXX	XXX
9.2	Supplemental Benefits		XXX		XXX	XXX
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		XXX		XXX	XXX
10.12	Without Reinsurance Coverage		XXX		XXX	XXX
10.2	Supplemental Benefits		XXX		XXX	XXX
11.	Total Claims		XXX		XXX	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	XXX		XXX		
12.2	Reimbursements Received but Not Applied - change	XXX		XXX		
12.3	Reimbursements Received - change	XXX		XXX		XXX
12.4	Healthcare Receivables - change	XXX		XXX		XXX
13.	Aggregate Policy Reserves - change					XXX
14.	Expenses Paid		XXX		XXX	
15.	Expenses Incurred		XXX		XXX	XXX
16.	Underwriting Gain/Loss		XXX		XXX	XXX
17.	Cash Flow Results	XXX	XXX	XXX	XXX	

INDEX TO HEALTH
ANNUAL STATEMENT

Accident and Health Insurance; 18; Supp8; Supp9; Supp10; Supp11
Accounting Changes and Corrections of Errors; 25, Note 2
Accounting Practices and Policies; 25, Note 1
Admitted Assets; 2; 26; 29; Supp2; Supp3; Supp4; Supp5; Supp6; Supp7
Affiliated Transactions; 15; 26; 27; 29; 32; 37; 52; E14
Bonds; 2; 6; 15; 16; 26; 27.2; 27.4; 29; 32; 33; 34; 35; 36; 37; 38; E08; E11; E12; E13; Supp2
Bonuses; 3; 4; 7; 9; 11; 20; 23; 28.1; 49
Borrowed Funds; 3; 6
Business Combinations and Goodwill; 25, Note 3
Capital Gains (Losses)
Realized; 4; 7; 29; 40; E12; E13; E21
Unrealized; 4; 5
Capital Stock; 2; 25, Note 13
Capital Notes; 6; 25, Note 11
Caps; 40; E16; E17; E18
Cash; 2; 6; 15; 16; 26; 49; E23
Cash Equivalents; 2; 6; 15; 16; 26; E24
Claims; 3; 9; 11; 12; 20; 29; 48; 49; Supp12; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48; Supp49; Supp50; Supp51; Supp55; Supp56; Supp57; Supp66; Supp67; Supp68; Supp69; Supp70; Supp71
Coinsurance; 44; Supp26
Collars; E19; E20; Supp7
Commissions; 6; 48; Supp34; Supp64
Common Stock; 2; 3; 6; 15; 16; 26; 27; 28; 29; 32; E10; E11; E12; E13; Supp2
Cost Containment Expenses; 4; 7; 19; Supp68
Contingencies; 25, Note 14
Counterparty Exposure; 25, Note 8
Debt; 25, Note 11
Deferred Compensation; 25, Note 2
Derivative Instruments; 15; 27.2; 25, Note 8; 42; E16; E17; E18; E19; E20; E21; E22
Deposit-Type Contracts; Supp25
Depreciation; 15
Discontinued Operations; 25, Note 4
Electronic Data Equipment; 2; 16
Encumbrances; E02; E03; E06; E07
Emergency Room; 4; 7
Enrollment and Utilization; 17
Equity Securities; 26
Exchange or Counterparty; E16; E17; E18; E19; E20; E21; E22
Expenses; 3; 4; 6; 7; 12; 14; 15; 27.1; 27.4; 29; E01; E03; Supp58; Supp64; Supp66; Supp67; Supp68; Supp69; Supp70; Supp71
Experience Rating Refunds; 13; Supp29
Extinguishment of Liabilities; 25, Note 17
Extraordinary Item; 25, Note 21
Fee for Service; 4; 7; 23
Federal ID Number; 44; 45; 46; 47
Federal Reserve Board; 27.1
Floors; E16; E17; E18; Supp7
Foreign Control; 27
Foreign Exchange; 2; 3; 5; 16; 31; 32; 39; E01; E03; E04; E05; E06; E07; E08; E09; E10; E11; E12; E13; E15
Forwards; 41; E19; E20; Supp7
Furniture, Equipment and Supplies; 2; 16; 24
Futures Contracts; 41
Guaranty Fund; 2; 16; 50
Health Care Receivables; 2; 11; 16; 19; 25, Note 28
Health Statement Test; 28
Hedging Transactions; 27.2; E16; E17; E18; E19; E20; E21; Supp7
Holding Company; 27; 27.1; 52
Hospital/Medical Benefits; 4; 7; 48
Incentive Pools; 3; 4; 7; 9; 11; 20; 23; 28.1; 49
Income; 4; 5; 29
Income Generation Transactions; E17; E18; Supp7
Income Taxes; 2; 3; 4; 5; 15; 16; 25, Note 9; Supp66
Incurred Claims and Claim Adjustment Expenses; 25, Note 25; Supp58; Supp59; Supp60; Supp61; Supp62; Supp63
Intercompany Pooling; 25, Note 26; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48; Supp49; Supp50; Supp51; Supp52; Supp53; Supp54; Supp55; Supp56; Supp57
Interstate Compact Products; 51
Insurance Fututes Options; E16; E17; E18
Investement Expenses; 15
Investment Income; 25, Note 7
Accrued; 2; 16
Earned; 4; 15; 39; E24
Received; 6; 39
Investments; 15; 27.3; 25, Note 5; Supp7; Supp15; Supp66
Joint Venture; 25, Note 6
Leases; 25, Note 15

INDEX TO HEALTH
ANNUAL STATEMENT

Letters of Credit; 47

Limited Liability Company (LLC); 25, Note 6

Limited Partnership; 25, Note 6

Long-Term Care Insurance; 8; 54; Supp18; Supp19; Supp20; Supp21

Long-Term Invested Assets; 31; E06

Loss Development; 12

Managing General Agents; 25, Note 19

Maximum Retained Risk; 28

Medicare Part D Coverage; Supp17

Member Months; 4; 17; 29; 30

Minimum Net Worth; 28.1

Mortgage Loans; 2; 6; 15; 16; 26; 29; E04; E05; Supp6

Nonadmitted Assets; 5; 16; 32; 39

Off-Balance Sheet Risk; 25, Note 16

Options; 27.2; 40; E16; E17; E18; Supp7

Organizational Chart; 52

Other Derivative Transactions; E16; E17

Out-of-Area; 4; 7

Outside Referrals; 4; 7

Parents, Subsidiaries and Affiliates; 2; 3; 16; 21; 25, Note 10; 22; 32

Participating Policies; 25, Note 29; Supp24

Pharmaceutical Rebates; 25, Note 28

Policyholder Dividends; 6; Supp64

Postemployment Benefits; 25, Note 12

Postretirement Benefits; 25, Note 12

Preferred Stock; 2; 3; 6; 15; 16; 26; 27.2; 27.4; 29; 32; E09; E11; E12; E13; Supp7

Premium Deficiency Reserves; 25, Note 30

Premiums and Considerations

Advance; 3; 49

Collected; 6

Deferred; 2

Direct; 28; 30; 49; 50; Supp29

Earned; 7; 12; 28; 29; 30; Supp8; Supp36; Supp64; Supp66

Retrospective; 12

Uncollected; 2; 16

Unearned; 4; 7; 13

Written; 4; 18; 30; 49; 50; Supp28; Supp64; Supp68; Supp69; Supp70; Supp71

Prescription Drugs; 4; 7

Product Type; 17

Provider Transactions; 23

Quasi Reorganizations; 25, Note 13

Real Estate; 2; 15; 16; 26; 29; E01; E02; E03

Redetermination, Contracts Subject to; 25, Note 24

Reinsurance; 25, Note 23

Assumed; 8; 9; 10; 44; Supp26; Supp34; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48; Supp49; Supp50; Supp51; Supp52; Supp53; Supp54; Supp55; Supp56; Supp57

Ceded; 3; 8; 9; 10; 44; Supp23; Supp35; Supp36; Supp37; Supp38; Supp39; Supp40; Supp 41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48; Supp49; Supp50; Supp51; Supp52; Supp53; Supp54; Supp55; Supp56; Supp57

Claims; 9; 10; 44; 45; 48

Funds Held; 2; 16; Supp34

Payable; 3; 45

Premiums; 3; 8

Receivable; 2; 7; 9; 16; 48; 49

Unauthorized; 3; 47; 48; 49

Reserves

Accident and Health; 3; 4; 7

Annuity; Supp24

Claims; 3; 5; 9

Life; 3; 7; Supp18

Retirement Plans; 25, Note 12; Supp31

Retrospectively Rated Policies; 25, Note 24

Risk-Based Capital; 54

Adjusted Capital; 29

Authorized Control Level; 29

Risk Revenue; 4; 7

Salvage and Subrogation; 25, Note 31; Supp37; Supp38; Supp39; Supp40; Supp41; Supp42; Supp43; Supp44; Supp45; Supp46; Supp47; Supp48; Supp49; Supp50; Supp51; Supp52; Supp53; Supp54; Supp55; Supp56; Supp57

September 11 Events; 25, Note 20

Servicing of Financial Assets; 25, Note 17

Short-Term Investments; 2; 6; 15; 26; 29; 39; E15

Special Deposits; E25

Stockholder Dividends; 5

Stop Loss; 8

**INDEX TO HEALTH
ANNUAL STATEMENT**

Subsequent Events; 25, Note 22
Surplus; 3; 5; 25, Note 13; 29
Surplus Notes; 3; 5; 6
Swaps; E20
Synthetic Assets; 42; 43
Third Party Administrator; 25, Note 19
Treasury Stock; 3; 5; 6
Uninsured Accident and Health; 2; 3; 16; 25, Note 18
Valuation Allowance; 31; 32
Wash Sales; 25. Note 17
Withholds; 4; 7; 10; 20; 23; 28.1